



Mailing Label
Label 11-F, April 2004



Post Office To Addressee

| Express Mail Corporate Acct. No. FROM: PREASE PRINT 203 921 2844 | | | | | | Federal Agency Acct. No. or Postal Service Acct. No. | | | | |
|--|--------|----------------------------|----------------|----------------------|---|---|--|--|----------------|---------------------|
| CUSTOMER USE METHOD OF PAYMEN | | | | | | La Transpire Septiment | | | | Orenvine adjustine) |
| lbs. | ozs. | mici Alpha Co | untry Code | Acceptance | e Emp. Initials | NO DEL | AND THE RESERVE TO SERVE THE PARTY OF THE PA | 4.33 (#XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX | KONSONE YESSON | Customer Signature |
| Flat Rate or Weight | | | | | WAIVER OF SIGNATURE (Domestic Mail Only) Additional merchandles insurance is void if walver of signature is requested. I wish delivery to be made without obtaining signature of addresses or addresses's agent (if delivery employee) signature constitutes valid proof of delivery, including and i authorize that delivery employee's signature constitutes valid proof of delivery. | | | | | |
| ☐ PM | | Military | | Total Postage & Fees | | | | | | |
| Time Accepted | □ ам | Noon | □ 3 РМ | \$ | \$ | Mo. | Day | | □ РМ | |
| Mo. Day | Year | Scheduled Ti | me of Delivery | COD Fee | Insurance Fee | Deliver | Date | Time | □ AM | Employee Signature |
| | | Month | Day | \$ | | Mo. | Day | | □ РМ | |
| Date Accepted | | Scheduled Date of Delivery | | Return Receipt Fee | | Delivery | Attempt | Time | □ ам | Employee Signature |
| | | | 2nd Det. Day | | | Mo. | Day | | □РМ | |
| PO ZIP Code | | Day of Delivery | | Postage | | Delivery | Attempt | Time | □ам | Employee Signature |
| ORIGIN (PO | STALSE | RVICE USE | ONLY) | | * 1 | DELIV | ERY (POS | TAL USE | ONLY) | |

is also attached hereto.

STEVEN GARNER LEGAL DEPARTMENT CONAIR CORPORATION LECUMMINGS POINT RD STE 1 STAMFORD CT 06902-7901

COMMISSIONER FOR PATENTS PO BOX 1450 ALEXANDRIA, VA 22313-1450

2008/11

FOR PICKUP OR TRACKING: Visit WWW.USPS.COM or Call 1-800-222-1811

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